Social Marketing for Adolescent Sexual Health

Results of Operations Research Projects in Botswana, Cameroon, Guinea, and South Africa

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The SMASH project was funded by the Africa Bureau, Office of Sustainable Development, U.S. Agency for International Development (USAID).

June 2000


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Summary

AIDS, other sexually transmitted infections, and unintended pregnancies have reached critical levels in sub-Saharan Africa, creating a need for innovative prevention programs for vulnerable groups. One such program—the first of its kind—tested the impact of youth-oriented social marketing techniques as a way to raise awareness of sexual and reproductive health problems and encourage young people to take protective action. The project took place in Botswana, Cameroon, Guinea, and South Africa under the guidance of Population Services International (PSI), with funding from the U.S. Agency for International Development (USAID).

On the basis of surveys that probed adolescents' understanding and perceptions of various sexual health issues, PSI staff designed special interventions focused on young people between the ages of 13 and 22 in urban areas in each country. Although the age groups and interventions differed slightly from one country to another, the projects all aimed to improve adolescent understanding of sexual health issues and access to reproductive health products and services. Young people participated in the design and implementation of the projects in all four countries.

The projects shared several important characteristics. They used mass media, to varying degrees, to publicize the project and provide information, along with face-to-face communication through peer educators—young people trained to talk to their peers about sexual and reproductive health. The peer educators conducted lively and entertaining educational sessions in schools and other public places. The projects used "brand names" like "Youth Horizon" to tie the activities together and promote the project objectives. They also made condoms more widely available through peer educators and "youth-friendly" shops, pharmacies, and clinics.

PSI conducted evaluations after eight to 13 months of project activities to determine whether the interventions had a positive impact. The results showed that, overall, the four country programs were most successful in improving awareness of the benefits of taking protective

PEER EDUCATORS DELIVER HEALTH MESSAGES AT POPULAR "EDUTAINMENT" EVENTS LIKE THIS OUTDOOR SHOW IN BOTSWANA.

action—such as using condoms or abstaining from sex—and in reducing barriers to using condoms. These barriers included shyness about buying condoms in public and difficulty in discussing condom use with partners.

The programs had less impact on young people's perceptions about their susceptibility to reproductive health problems and on actual behavior—sexual activity and condom use. Generally, the programs had much greater effect among young women than among young men. The Cameroon program and, to a lesser extent, the Botswana program were more successful than the programs in South Africa and Guinea.

The results from the four country experiences can be used to develop recommendations for the design of future adolescent reproductive health programs. The results suggest that intervention periods of less than two to three years are not likely to bring about changes in adolescent behavior—although they can improve the knowledge and attitudes that lead to behavior change. The project experiences also suggest that youth activities should include a carefully designed mix of mass media and interpersonal communication, based on an assessment of the local situation and the program's behavior change objectives. Mass media is an effective tool for increasing awareness, but face-to-face communication is often needed to address youths' concerns and build confidence. In addition, the youth activities are more likely to succeed if they are well integrated with an existing social marketing program.

Differences in program impact on young men and young women suggest that projects might be more effective if they take into account differences in male and female concerns. More in-depth research may be needed to explore these differences and fine-tune messages for maximum impact. Finally, while youth involvement is helpful in making program activities relevant and appealing, careful guidance and facilitation is necessary to keep young people focused on high-priority health issues.

the reproductive health needs of adolescents in sub-Saharan Africa have largely been ignored

Introduction

One-third of sub-Saharan Africa's 630 million people are between the ages of 10 and 24—a group that is increasingly vulnerable to health risks. Sub-Saharan Africa has been hard hit by the AIDS virus, and today it is home to 22 million HIV-positive men and women. More than half of all new HIV infections are among young people ages 15 to 24, and every year about 1.7 million young people in Africa become infected. Additionally, 10 to 18 percent of African women in this age group give birth every year, and many young women have unintended pregnancies that result in unsafe abortions.

Young people today are at high risk of unintended pregnancies and sexually transmitted infections (STIs), including HIV/AIDS, because they are sexually active at younger ages than previous generations or delay marriage until they are older. As a group, they tend to be uninformed or misinformed about sexuality and reproductive health and reluctant to take action to protect themselves. Several factors explain this: They do not believe they are at risk of infections or other health risks; they may lack support from others to discuss their reproductive health concerns and problems; and they often cannot afford or do not have easy access to contraceptives and health services. With regard to condom use, many youth see decreased pleasure as outweighing the benefits of protection, and they have little experience using condoms. These and other socioeconomic and cultural factors hamper young people's ability to make informed and responsible decisions to safeguard their health.

According to a report prepared for the Third African Population Conference in 1999, the reproductive health needs of adolescents in sub-Saharan Africa have "largely been ignored." The field of adolescent reproductive health is still relatively new in the region. Those working to develop programs face many challenges that are often not a priority for policymakers or clinic workers. Neither young people nor those in decision-making positions talk openly about sensitive issues such as adolescent sexual activity. As a result, few services are designed specifically for young people, and the incidences of HIV, STIs, and unplanned pregnancies continue to increase.

POSTERS WITH THE *TSA BANANA* (FOR YOUTH) LOGO ADVERTISE YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES IN BOTSWANA.

The SMASH Project

In 1994, the Africa Bureau of the U.S. Agency for International Development began a series of grants to Population Services International (PSI), an international nonprofit organization for operations research on the effectiveness of adding youth activities to existing social marketing programs in Africa. The project became known as "Social Marketing for Adolescent Sexual Health (SMASH)" and included research and program interventions in four countries: Botswana, Cameroon, Guinea, and South Africa.

The overall goal of the SMASH project was to increase awareness among policymakers and program managers of the potential effectiveness of social marketing programs for reducing the vulnerability of adolescents to HIV/AIDS. PSI's local affiliates carried out the activities in collaboration with other organizations in each country and in connection with pre-existing, nationwide social marketing programs. Social marketing programs use commercial marketing techniques, including media, to motivate healthy behavior among low-income populations (see Box 1).

In each of the four countries, the project consisted of several components: pre- and post-intervention surveys of adolescents' knowledge and reproductive health behavior; the interventions themselves; and advocacy workshops to discuss and disseminate project results. The interventions included the designation of service outlets where adolescents could buy condoms and receive information and services, along with educational and outreach activities such as peer counseling, youth clubs, and mass media promotion.

This report describes the major project components, the impact of the projects on adolescents' beliefs and behavior with regard to sexual and reproductive health, and implications for future programs.

BOX 1

What is Social Marketing?

Social marketing is designed to improve the health of low-income people by promoting healthy behavior, offering health products and services at affordable prices, and motivating people to use them. Social marketing is meant to increase both the supply of and demand for health products and services. Condom social marketing has become central to HIV/AIDS prevention programs around the world, as well as an important part of family planning programs in some countries.

Products such as condoms are sold, rather than given away, so that people will value and use them and sellers can receive a small profit as incentive. The prices are subsidized so they are affordable to economically disadvantaged populations. Social marketing programs receive donated products (or funds with which to buy them) and then sell the products attractively packaged under a brand name. The products are sold in existing outlets—pharmacies, street kiosks, beauty parlors, community centers, and clinics—frequented by low-income people every day.

Social marketing also relies on promotional and educational campaigns to encourage people to adopt healthy practices, including the correct use of the products sold. These campaigns may use a wide range of media, including radio and television, mobile video units, and live theater performances, as well as interpersonal communication.

the SMASH projects measured impact by comparing intervention and control groups

Project Evaluation Methods

The SMASH projects are unique in sub-Saharan Africa in that they measured impact by comparing results with control groups and based the evaluations on a behavior change framework. The evaluation of most health promotion programs is limited to recording processes such as exposure to messages, and comparing pre- and post-intervention survey data on knowledge, attitudes, and behavior. While these methods are useful, they cannot be used to isolate the effects of a specific project from the myriad influences on adolescents' reproductive health.

The SMASH project used what is known as a "quasi-experimental" design to evaluate impact. Quasi-experimental studies use control groups (or comparison groups) and intervention groups to distinguish program impact from other contextual changes. Other things being equal, changes in the intervention site that are significantly different from those in the control site can be attributed to the intervention. If the changes are similar in both locations, they must be attributed to other factors. Very few adolescent reproductive health projects have used this evaluation technique.

Selection of project sites

In the SMASH project, the intervention sites were selected based on a number of considerations. PSI staff tried to find intervention and control sites that resembled each other in terms of factors that could potentially affect reproductive health, such as population size, urbanization, socioeconomic status, and access to health services and information. In addition, in analyzing survey results, research staff used statistical techniques to control for differences in age and levels of education among survey respondents. In this way, before-and-after survey results could be regarded as comparable, and program effects could be isolated from other effects.

In Botswana, Cameroon, and South Africa, staff selected two major cities in each country—one to serve as control site and the other as intervention site. The intervention and control cities were several hundred miles apart. In Guinea, project interventions took place in both of the major cities in the country. Thus, staff had to restrict the activities to specific neighborhoods and use other neighborhoods in the same cities as con-

trol sites. The close proximity of the control and intervention sites, and potential for contamination of results limited the options for program design. These limitations may have contributed to the Guinea program's lower overall effectiveness (discussed on page 14).

A PEER EDUCATOR IN CAMEROON HELPS BUILD YOUTHS' CONFIDENCE THAT THEY CAN PREVENT HEALTH PROBLEMS.

Framework used to measure results

Social scientists have developed various theories about behavior change that identify the factors that cause people to engage in healthier behavior. One of these, the Health Belief Model, corresponds closely with SMASH project activities and therefore served as a useful framework for measuring project results. The model asserts that health behavior is affected by an individual's perceptions about:

1) the severity of the health problem;
2) whether or not one is susceptible to the health problem;
3) the benefits of taking preventive action;
4) barriers to taking preventive action; and
5) whether or not one feels capable of doing something about the problem (known as "self-efficacy").

The SMASH projects included, to varying degrees, activities in all five areas. They aimed to increase awareness about the risk of AIDS and other sexually transmitted infections (severity and susceptibility); and educate youth about the merits of abstinence, monogamy, condom use and other contraceptives (benefits). They also made condoms and other contraceptives available in youth-friendly outlets, at an affordable price, and conducted educational campaigns to reduce the stigma associated with condom use and to reduce shyness about buying condoms (barriers). Finally, the programs used peer educators and condom-use demonstrations to give youth the confidence that they can take action to prevent health problems (self-efficacy).

In each country, researchers conducted a pre-intervention survey of a random sample of up to 750 young people ages 13 to 22 in both the control community and intervention community. (The age groups differed from one country to another.) The studies collected information about the young people's knowledge and behavior in each area of the Health Belief Model described above. The indicators are listed in Appendix 1. For example, to measure youth awareness that sexual activity carries the risk of AIDS, the surveys asked, "Are there any risks of having sex? If so, what are they?"

Follow-up surveys in each community asked many of the same questions to assess whether the project activities improved young people's reproductive health beliefs and behavior. In three countries, researchers later held focus group discussions with selected young men and women in the communities to explore in more depth some of the questions that arose from the survey results.

Social Marketing Interventions

The SMASH projects were implemented differently in each of the four countries, but shared similar aims—to increase adolescents' access to reproductive health information, products, and services. PSI developed and implemented the youth-focused activities as a supplement to ongoing, nationwide social marketing efforts in each country. The youth activities included peer education and a variety of other educational and promotional activities, and established important links with reproductive health services. (Appendix 2 contains a summary of each project.)

Young people participated in the design and implementation of all four projects. The projects also made efforts to engage youth in dialogue. Radio call-in shows, youth clubs in school, peer education, and youth-friendly clinics—described in more detail below—encouraged young people to discuss their concerns with their peers or trusted professionals. In addition, the program themes and logos, such as "Let's Choose Life," "My Future First," and "Passport for the Future," tried to capture a sense of optimism and encourage young people to think about their futures.

A RADIO CALL-IN SHOW IN BOTSWANA PROVIDES AN OPEN FORUM FOR YOUNG PEOPLE TO TALK ABOUT SENSITIVE TOPICS RELATED TO HEALTH AND SEXUALITY.

Peer education

Peer educators played an important role in the SMASH activities. Peer education is a strategy for disseminating information among groups of young people and encouraging behavior change. Peer educators come from the program's targeted community, and are often leaders or role models among their peers. Because they are members of a social network—as opposed to outside experts—peer educators are more likely to be understood and viewed as a credible source of information. In the context of social marketing programs, peer educators also make health products and services accessible by distributing products directly or referring people to a source of supply.

PSI's use of peer education was unique in several ways. The peer educators used entertainment to disseminate messages and motivate young people; they distributed condoms and promoted clinical reproductive health services; and they helped develop the communication materials directed at youth. They worked as volunteers and received an allowance for meals and transportation, T-shirts, and an opportunity to make a small profit from their sales.

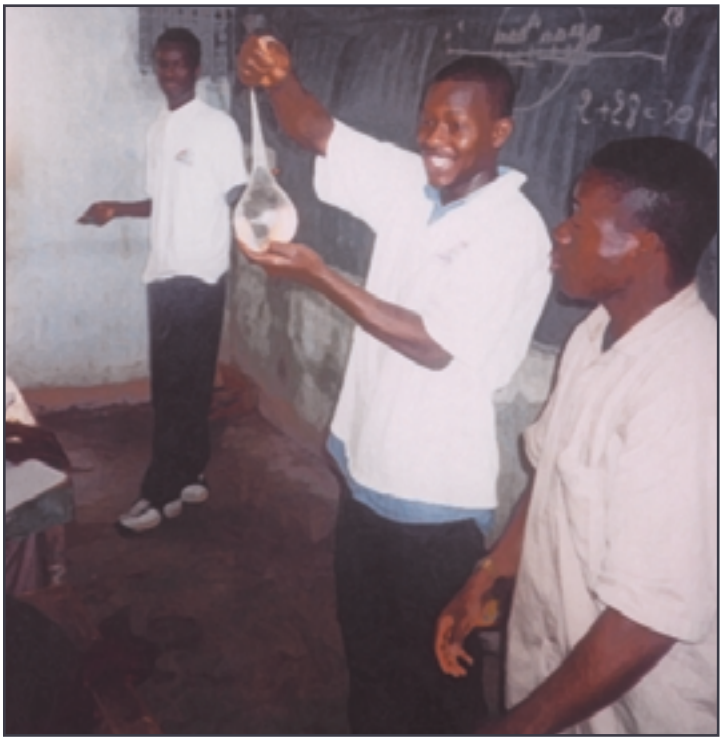
"Youth-friendly" service outlets

The SMASH projects linked educational activities with sources of reproductive health services and supplies, such as pharmacies, shops, and clinics where young people would be welcome. In all four projects, service providers at selected outlets were trained to be more aware of youth issues and open to serving youth. The projects promoted the participating outlets by displaying stickers or posters with the program logo so that adolescents would recognize them as youth-friendly.

Other promotional activities

The projects' other promotional activities included some or all of the following:

In-school shows, conducted by peer educators, provided factual information in an entertaining format that included music, drama, and competitions. Education sessions addressed teen pregnancy, abstinence, and AIDS/STIs, and were tailored to the needs of different age groups and audiences. Team members met with school officials before each show to discuss the substance of the promotions and make modifications as necessary.



A PEER EDUCATOR IN GUINEA HAS FILLED A CONDOM WITH WATER TO DEMONSTRATE TO HIS CLASSMATES THE DURABILITY OF CONDOMS.

School clubs and forums provided other opportunities for education and youth involvement. In Cameroon, the SMASH project created "Horizon Jeunes" (Youth Horizon) clubs, which met weekly in six schools and reached a large proportion of adolescents in the intervention city. Peer educators and club members also facilitated a roundtable discussion on adolescent reproductive health among school officials, parents, teachers, and youth. In South Africa, peer educators used schools as venues for training, meetings, and special events, such as school debates about AIDS.

Radio call-in shows provide an opportunity for straight talk and lively discussions about relationships, sex, and other concerns of adolescents. Topics included "When do I know that I'm in love?" or "How do I tell him that I'm not ready?" Young people hear from other youths struggling with similar issues, and the facilitators (who are often peers) reinforce messages about negotiation, communication, and resisting peer pressure.

Promotional events such as concerts, film shows, football games, dramas, or dances serve multiple purposes. In an upbeat and entertaining ambiance, they educate and motivate target audiences, demonstrate certain behaviors such as negotiating condom use, and increase awareness of a brand name. (In the case of the SMASH project, this may have included the special youth slogan as well as the socially marketed contraceptive brand.)

Informational broadcasts and advertisements on the radio increased awareness of project activities and the products' brand name, motivated listeners to attend project events, and in some cases, included educational messages about AIDS and condom use.

Materials such as T-shirts, posters, caps, pamphlets, and flip charts reinforced the project's image and provided additional avenues for educational messages. In South Africa, project organizers disseminated a booklet titled "Lovers Straight Talk," and a brochure on "The Tale of Excitable Johnny and His Raincoat" (see photo).

the projects had greater impact on young women than on young men

Impact on Adolescents' Beliefs and Behavior

After eight to 13 months of SMASH project activities, researchers conducted follow-up surveys to measure the impact of the interventions on adolescents' health beliefs and behavior. Because two different random samples of adolescents responded to the pre- and post-intervention surveys, the results reveal changes in beliefs and behavior in the overall community, not in specific individuals. Although many of the survey results raise questions that require further investigation, certain key findings emerge:

- The projects were most successful in improving adolescents' awareness of the benefits of protecting themselves from AIDS and unwanted pregnancy, and in reducing the barriers to using condoms.
- The projects had less impact overall on young people's perceived susceptibility to reproductive health problems, such as the belief that sex carries the risk of AIDS, and on actual changes in behavior.
- Only one program—in Cameroon—had an impact on several areas of health beliefs and behavior, among young women and (to a lesser extent) young men.
- In all four countries, the projects had greater impact on young women than on young men.

Effects on young women

In Botswana, Cameroon and South Africa, the programs had a significant effect on women's health beliefs (see Table 1, page 12). For example, the projects increased awareness among young women that abstinence and condom use can prevent unwanted pregnancies and other sexual risks. The projects also reduced some of the barriers to using condoms, such as reluctance to propose condom use with partners and shyness about buying condoms in public. However, the projects had a mixed impact on their perception that sexual activity carries the risk of AIDS or STIs, and on their confidence that they can take actions to protect themselves.

The most successful program—in Cameroon—had a positive impact on young women's health behavior. There is evidence that the program caused a delay in women's onset of sexual activity and increased the use of condoms and abstinence for preventing pregnancy (see Figure 1, which shows changes in the

TABLE 1

Did the SMASH Project Have Impact on Female Adolescents?

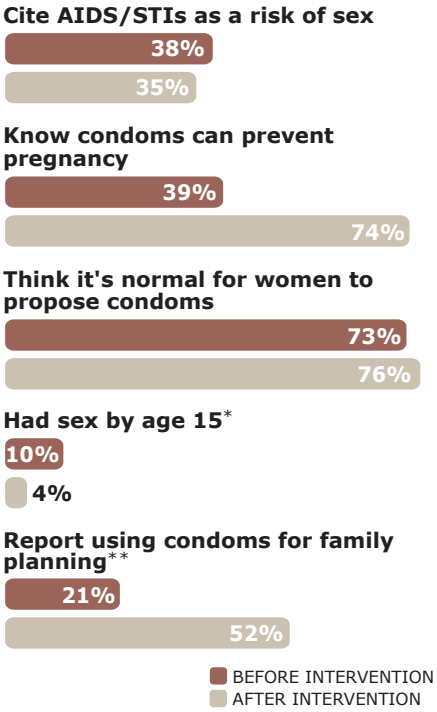
	Botswana	Cameroon	Guinea	South Africa
Health Beliefs				
Susceptibility to sexual risks	Yes	No	Mixed	Mixed
Benefits of taking action	Yes	Yes	No	Yes
Barriers to taking action	Yes	Yes	–	Yes
Self-efficacy*	No	Yes	No	Mixed
Health Behavior				
Sexual activity	No	Yes	No	No
Pregnancy prevention	No	Yes	Yes	No
Condom use	No	Yes	No	No

Notes: "Yes" indicates that the program had the desired effect on at least one indicator in this area. The program had a desired effect if the difference between the change observed in the intervention location and the change in the control location was statistically significant, and in a favorable direction. "Mixed" indicates that the program had both desired and undesired effects. "–" indicates that the indicators were not measured or data is not available. The indicators for each area are listed in Appendix 1.

* A person's perception that he or she has the ability to act or change behavior.

FIGURE 1

Percentage of young women in Cameroon who:



* Among those age 15 or older.
** Among those who are sexually active.
Note: The pre- and post-intervention surveys were conducted among two independently drawn, random samples of adolescents.

intervention city of Edéa). The Cameroon program also increased the likelihood that young women tried condoms. The three other programs had less overall effect on young women's behavior.

Effects on young men

The program had less effect on young men overall (see Table 2, page 13) compared to young women. In Botswana and Guinea, the programs had no effect on young men's awareness of the risks of sexual activity or the benefits of protecting themselves from AIDS. (The data for South African men are not available.) In Cameroon, the program only increased awareness that condoms and other contraceptives can prevent unwanted pregnancy. For example, awareness that condoms can prevent pregnancy rose from an estimated 65 percent to 71 percent among young men in the intervention city (see Figure 2, page 13).

Young men's behavior changed slightly after the project interventions. In Cameroon, the program increased the use of abstinence and contraceptives other than condoms to prevent pregnancy and reduced the number of multiple partners among young men. In Botswana, men reported having fewer casual partners, but no other changes in sexual behavior or condom use. In Guinea, evaluation results appear contradictory in that reports of greater use of condoms were not accompanied by any other changes in young men's beliefs and behavior.

Several factors may explain the projects' more limited impact on young men. The projects did not focus on differences between young men and young women when designing messages. For example, young women may be more concerned about pregnancy, which has an immediate effect on their lives, than with STIs, which may not become apparent for some time. The immediate concern about pregnancy could also explain why women's beliefs and behavior seemed to

change more readily than did men's. It is possible that SMASH activities were better at addressing women's concerns; however, more research will be needed to examine why young women's attitudes changed before those of young men (see also discussion in Box 2, page 14).

Factors explaining stronger and weaker programs

Though the SMASH projects were similar in many respects, their impact varied greatly from one country to the next. The projects in Cameroon and (to a lesser extent) Botswana were more successful than the projects in South Africa and Guinea.

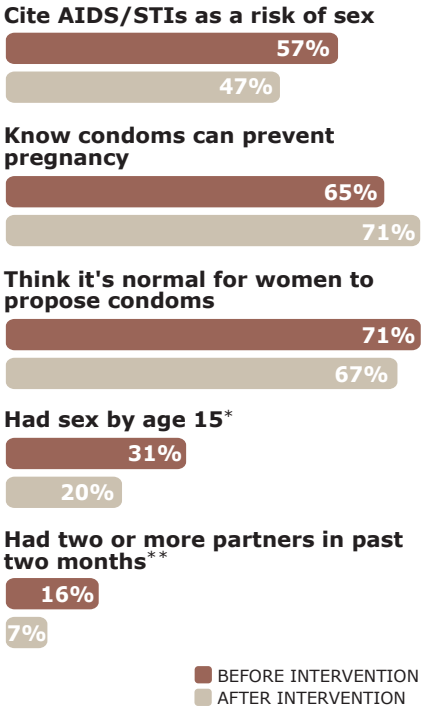
The Cameroon project stands out as the only one having the desired effects on three areas of women's health behavior: sexual activity, pregnancy prevention, and condom use. And it had somewhat more effect on young men than the other projects. The greater impact may be explained by the longer intervention period before evaluations took place—13 months, compared to eight to ten months in the other projects.

The greater impact in Cameroon may also be explained by the fact that both mass media and interpersonal communication were able to reach a substantial proportion of the target population. In the city of Edéa (population 86,000) where the interventions took place, follow-up surveys showed that 91 percent of adolescents had heard about the project's youth clubs, almost one-third were actively involved, and almost half had attended at least one meeting. Moreover, the wide reach of the local radio station meant that a large segment of the intervention group was exposed to the project's radio talk show.

The project in Botswana had a positive impact in several important areas. Experienced, young field promoters designed and managed the educational campaigns and used a combination of interpersonal approaches (e.g., education-

FIGURE 2

Percentage of young men in Cameroon who:



* Among those age 15 or older.
** All young men, whether sexually active or not.
Note: The pre- and post-intervention surveys were conducted among two independently drawn, random samples of adolescents.

TABLE 2

Did the SMASH Project Have Impact on Male Adolescents?

	Botswana	Cameroon	Guinea	South Africa
Health Beliefs				
Susceptibility to sexual risks	No	No	No	–
Benefits of taking action	No	Yes	No	–
Barriers to taking action	No	No	–	–
Self-efficacy *	No	No	No	–
Health Behavior				
Sexual activity	Yes	Yes	No	–
Pregnancy prevention	No	Yes	No	–
Condom use	No	No	**	–

Notes: "Yes" indicates that the program had the desired effect on at least one indicator in this area. The program had a desired effect if the difference between the change observed in the intervention location and the change in the control location was statistically significant, and in a favorable direction. "Mixed" indicates that the program had both desired and undesired effects. "-" indicates that the indicators were not measured or data is not available. The indicators for each area are listed in Appendix 1.

* A person's perception that he or she has the ability to act or change behavior.

** Results are inconclusive.

BOX 2

Young People Talk About Using Condoms

After conducting surveys to measure changes in adolescents' reproductive health attitudes and behavior, the SMASH project held focus group discussions with young men and women to probe issues that the surveys did not resolve. The discussions confirm that while young people in these countries have relatively easy access to inexpensive condoms (all of these countries have social marketing programs), a number of barriers stand in the way of using condoms.

While many youth are aware that condoms are the best way to protect themselves from HIV/AIDS and other STIs, condoms often symbolize not better health, but the vices of society. For example, many young people believe that condoms are for prostitutes, for those who have casual partners, or who engage in extramarital sex. As a consequence, suggesting condom use to a partner implies a lack of trust, and may even suggest that one is infected. A young Guinean woman said, "People who like to use condoms often are those who are sick, who are trying to avoid disclosing their illness." To avoid this stigma, women often find it easier to propose using a condom to prevent pregnancy rather than to prevent STIs.

"MR. LOVERMAN," MASCOT FOR LOVERS PLUS CONDOMS IN SOUTH AFRICA, USES HUMOR TO OVERCOME SHYNESS ABOUT SENSITIVE TOPICS.

Buying condoms is embarrassing for young people—it discloses that they are sexually active, and they are afraid their parents will find out. Young men can bypass the problem by asking their friends for condoms, but girls are reluctant to ask friends for fear of gossip about their reputations. As a young woman in Botswana put it: "Boys are people who are very free in life. They can go and collect condoms when they need them. … Girls are scared of how people will look at them because they know how they are. … We think that people will call us prostitutes."

Some youth said they prefer buying condoms discreetly from pharmacists and shopkeepers rather than requesting them from nurses in health clinics who may question their behavior. Adolescents also express concerns about the quality of condoms sold in different locations. Many believe that condoms sold in cool, air-conditioned pharmacies are better quality—newer and better preserved—than those obtained in outdoor markets, from street vendors, or from friends.

Finally, many adolescents perceive sexual intercourse with condoms as less pleasurable, artificial, or too indirect. Popular expressions in focus group discussions are "One cannot suck a candy in its wrapping paper," and "I cannot eat a banana with its skin."

al sessions in schools) and mass media approaches (e.g., twice-weekly radio shows). Moreover, because the intervention town in Botswana had a small population (30,000), peer educators were able to reach a significant proportion of adolescents with their behavior change messages.

Several factors explain why two of the projects were less successful. In South Africa, the project took place in a large metropolitan area with a population exceeding two million. In this setting, the project's 20 peer educators could only reach a small fraction of the adolescent population. Moreover, the informational materials were designed entirely by young people, which resulted in a heavy emphasis on pregnancy prevention. The young people may have been more concerned about avoiding pregnancies than AIDS, because pregnancy poses a more immediate threat and/or they did not believe they were at high risk of contracting AIDS. As a result, the materials were poorly integrated with those of the larger social marketing program, which promoted condoms as a way to prevent STIs and AIDS.

The Guinean project had two disadvantages. First, the evaluation took place after only eight months of activities. Second, the project was implemented only in certain neighborhoods of the country's two main cities, with other neighborhoods serving as control sites. The project had few mass media activities because they would have affected both the control and intervention sites equally, thereby "contaminating" the project results. As a result, the project did not make full use of mass media to reinforce the peer education component of the program.

workshops to discuss ARH project results have increased communication among practitioners

Advocating for Adolescent Reproductive Health

In 1998 and 1999, all four SMASH projects held advocacy workshops that brought together practitioners in the field of adolescent reproductive health (ARH). Participants included representatives from nongovernmental organizations (NGOs), government ministries, donor agencies, multilateral agencies (e.g., UNICEF), and research organizations. The purpose of the workshops was to give ARH practitioners an opportunity to network, share lessons regarding ARH program approaches, and identify issues that could be addressed by advocating for policy change.

Several common themes emerged in the workshops:

- Frustration about the limited availability of reproductive health services for adolescents.
- The absence of national policies or nationally approved guidelines for meeting the health needs of youth.
- A general sense that ARH practitioners are over-stretched and face unmanageable workloads. Their lack of capacity to carry out advocacy activities may explain why governments have not felt more pressure to develop ARH policies.
- Insufficient communication and collaboration among ARH practitioners.
- Difficulty defining a clear ARH issue that could be pursued with a common voice. The field of ARH encompasses AIDS, unwanted pregnancy, abortion, rape, abuse, sexual identity, and other concerns. Many of the issues are complex and controversial and therefore not easy to make public without

PEER EDUCATORS USE PROJECT SLOGANS TO PROMOTE REPRODUCTIVE HEALTH DURING A NATIONAL YOUTH DAY PARADE IN CAMEROON.

considerable debate and possible negative publicity or backlash.

Participants in all of the workshops made recommendations to address these concerns. Cameroon participants strongly recommended that the national ARH policy document—developed previously but not officially adopted—be signed and published. Similarly, in South Africa, members of an ARH task team felt that an urgent priority should be to complete the National Youth and Adolescent Health Policy Guidelines, which would provide a framework to assess service delivery and advocate for change.

The Cameroon workshop developed a list of potential advocacy initiatives and formed a follow-up committee to carry them out. Potential activities include the following:

- Inviting members of parliament from different political parties to attend ARH program activities as a way to increase their understanding of the issues and engage them as potential advocates. During their visit a pending policy problem would be discussed with them.
- Training journalists from print and broadcast media to communicate about ARH issues.
- Raising awareness about ARH among parents, religious leaders, teachers, and adults in general, given the considerable influence of these groups over adolescents. A workshop could be held to explore these groups' concerns and find ways to address them. The workshop findings could be shared with all NGOs working with adolescents.
- Using popular holidays to pass one important advocacy message throughout the country using T-shirts, flyers, television debates, and other means. All youth NGOs would use the same message and collaborate with local media to ensure maximum dissemination of the message.

While it is too early to assess the outcome of advocacy efforts in the four countries, the workshops have played an important role in increasing communication among ARH practitioners. In South Africa and Guinea, stakeholders are meeting more regularly now as a result of the workshops. PSI affiliates have also become part of a growing network of interested parties in the field of ARH. In South Africa, for example, the Society for Family Health (PSI affiliate in South Africa) has become a part of a number of new initiatives, including a six-member task team on ARH, a National Adolescent Sexual Health Initiative, and several conferences and training workshops.

PEER EDUCATORS IN CAMEROON RENTED MOTORCYCLES TO MAKE A DRAMATIC APPEARANCE AT A FOOTBALL MATCH.

successful programs combine mass media and face-to-face communication

Program Lessons and Implications for the Future

The SMASH project results provide valuable lessons for improving social marketing programs, research and evaluation, and advocacy efforts.

1. **Changing adolescent behavior may require intensive program efforts of at least two to three years**. The SMASH experience shows that youth-oriented social marketing programs that have a short intervention period (one year or less) may be able to improve reproductive health knowledge—which can lead to behavior change—but are unlikely to have a major impact on behavior.

2. **Social marketing programs targeting youth are most effective if they include a carefully designed mix of mass media promotion and interpersonal (face-to-face) communication**. Interpersonal approaches, such as peer education in small groups, are extremely effective in promoting dialogue but have limited reach—and hence limited impact—unless they are supplemented by large-scale mass media activities. Conversely, programs that rely on mass media can raise awareness and change norms about what is acceptable to discuss in society, but they may have a limited ability to address youth concerns directly and build confidence. Successful programs combine the two approaches, based on a careful assessment of the local context and the program's behavior change objectives.

3. **A better understanding of the different sexual health concerns of young men and women is likely to increase the effectiveness of adolescent interventions**. SMASH activities had more effect on young women overall than on young men. The experience suggests that program activities and communication messages may be more effective if adapted to address male and female concerns. Nevertheless, both sexes need to hear consistent messages if, for example, they are to understand each other when negotiating condom use. In-depth research on male and female perceptions and behaviors can assist in developing communications for maximum impact.

4. **The promotion of condoms for STI or HIV/AIDS prevention requires careful communication strategies to reduce the stigmas associated with condom use**. Talking to young people (see Box 2, page 14) reveals a dilemma that programs face in encouraging condom use. On the one hand, it is important to educate people about the effectiveness of condoms for preventing disease and the need to use them in high-risk situa-

tions (e.g., with nonregular partners). To address this issue, AIDS prevention programs should develop messages and activities that increase the realistic perception of personal risk. On the other hand, it is important to associate condoms with positive lifestyles to reduce the stigma associated with their use (e.g., "Condoms are only for prostitutes, not me."). Programs should pretest messages to ensure that they do not increase the stigma associated with condom use.

SOUTH AFRICAN PEER EDUCATORS LEARN THE PARTICIPATORY MEDIA TECHNIQUES THEY WILL USE TO DEVELOP EDUCATIONAL MATERIALS FOR YOUTH.

5. **Youth involvement in program design is beneficial, but guidance and facilitation may be necessary to keep adolescents focused on critical issues**. Involving adolescents in program design is helpful in ensuring that educational materials are appealing to young audiences. However, some caution must be used. The SMASH experience in South Africa demonstrated that the materials are likely to reflect issues that youth are already relatively aware of, (e.g., pregnancy prevention), and not necessarily those that are most important from a public health perspective (e.g., AIDS).

6. **Social marketing programs targeting youth should have measurable objectives and clearly identified assumptions about behavior change**. A behavior change framework can be useful in identifying the factors that influence behavior and can be addressed through program interventions (see description on page 8). Areas of future emphasis might include increasing youths' perceptions that they are personally at risk and increasing their confidence that they can act to prevent health problems. Programs also need to increase community and peer support for healthy behavior and address the perceived drawbacks of condoms (see Box 2, page 14).

7. **Evaluation is needed to measure the impact of program activities**. Research designs that use a control group are ideal, but not always feasible. Organizations that can devote resources to these kinds of evaluations can improve them by standardizing questionnaires and using a large sample size (e.g., 1,000) to minimize the margin of error. All organizations engaged in program evaluation can benefit from supplementing quantitative surveys with qualitative research—such as focus group discussions—to assist in program design and shed light on program and survey results.

8. **Greater collaboration among NGOs is needed to advocate successfully for policy change**. A supportive policy environment is critical for the success of adolescent reproductive health programs. In many places, changes in national policies and community standards will be necessary for programs to succeed and for behavior to change. However, individual organizations engaged in adolescent programs are often stretched to capacity performing their daily activities and are unable to unite around a common public health goal. Collaboration and coalition-building among organizations can improve their capacity to engage in advocacy efforts.

The SMASH operations research project has provided lessons with clear relevance for ongoing and future adolescent social marketing programs. It has helped to identify common challenges and successful strategies for reaching youth. It has also emphasized the importance of working closely with partner organizations to supplement social marketing programs and sustain more coordinated efforts to improve adolescent health.

Appendix 1
Indicators Used to Measure Adolescents' Health Beliefs and Behavior

The SMASH projects surveyed male and female adolescents to assess their health beliefs and behavior in the following areas:

Susceptibility to Sexual Risks

Sex carries the risk of AIDS
Sex carries the risk of pregnancy
Youth are at risk of AIDS

Benefits of Abstinence

Prevents (unwanted) pregnancy
Prevents sexual risks
Prevents AIDS

Benefits of Monogamy/Fidelity

Protects against sexual risks
Protects against AIDS

Benefits of Condom Use

Prevents (unwanted) pregnancy
Prevents sexual risks
Prevents AIDS

Awareness of Other Methods

Any other contraceptives
Pill
Injectables

Barriers to Abstinence

Most people my age have sex
Sex gives status
Sex leads to marriage
Premarital sex is good

Barriers to Condom Use

Women should not propose condom use
Shy to buy condoms in public
Men are responsible for protection

Self-efficacy

Often discusses sex/protection
Discussed sexual matter with casual partner
Discussed family planning with partner
Discussed STI prevention with partner
Confused about sexual matters

Sexual Behavior

Sexually experienced
Had sex by age 15
Two or more regular partners past year
Two or more casual partners past year
Two or more partners last six months
Two or more partners last four weeks

Pregnancy Prevention

Uses condoms for family planning
Uses other modern method
Uses abstinence
Ever used condom for family planning
Ever used pill for family planning

Condom Use

Ever used condoms
Used condom in last sex
Used condom in last sex with regular partner
Used condom in last sex with casual partner
Usually uses condoms

A COLORFUL BROCHURE FROM CAMEROON ENCOURAGES YOUNG PEOPLE TO "THINK BEFORE ACTING." PEER EDUCATORS IN GUINEA USE A FLIP-CHART WHEN THEY TALK ABOUT ADOLESCENT REPRODUCTIVE HEALTH.

Appendix 2
Country Program Summaries

Tsa Banana, Botswana

Tsa Banana, which means "For Adolescents" in the local language of Setswana, was a USAID-funded project to test the impact of youth-oriented social marketing techniques in Botswana. The project ran from March 1995 to March 1996. Since that time, several of the project components and strategies have continued in Botswana and have been replicated in Zambia, Malawi, Tanzania, and Namibia.

Project design

The project commissioned studies of young people's knowledge, attitudes, beliefs, and practices at the beginning and end of the project period. The town of Lobatse was chosen as the intervention site and Francistown as the control site.

Tsa Banana aimed to improve adolescent reproductive health in Lobatse by creating a brand name for project activities and reproductive health services and by promoting services in 28 places frequented by youth—such as clinics, shops, and game rooms. The project promoted these outlets as places to go for information and advice on relationships, AIDS, teen pregnancy, and sexually transmitted infections. Promotion efforts and materials were based on a core message, "Stay healthy with condoms and reproductive health services and advice from *Tsa Banana* outlets."

The staff of the youth outlets attended a half-day workshop for special training in youth reproductive health, and project managers made follow-up visits to the outlets to ensure they were well-staffed and stocked with adequate written materials and other resources for youth.

Each outlet carried the project brand name, *Tsa Banana*, which indicated that it was youth-friendly. The name brand was chosen in part because research had shown that young people felt "clinics are meant for someone else, not me." The project logo was based on a modified version of a popular brand of condoms, Lovers Plus, without directly mentioning the name. The new logo used the widely recognized green "plus" symbol, with the words *Tsa Banana* inside.

Education and entertainment

The *Tsa Banana* project also used other strategies to get educational messages out to youth. Peer education and promotion (PEP) teams of young people entertained small audiences in schools and public places. They dramatized couples negotiating the use of condoms, held contests of audience knowledge of reproductive health topics, and answered audience questions. The PEP teams earned the trust of skeptical headmasters by emphasizing the importance of knowing limits, asking for advice, seeking treatment, and resisting peer pressure. By the end of the project, virtually every 13- to 18-year-old in Lobatse schools had seen a PEP show.

Seven live promotional shows attracted audiences of 500 to 3,500 adolescents each, using local drama, dance, music groups, contests, and skits. *Tsa*

Banana shows emphasized solutions rather than problems: The messages focused on how to "have fun," "stay healthy," and "get good advice." To ensure a high turnout at the shows, project staff placed posters and banners around town, made announcements at schools, played loud music on the day of the event, and drove around town with a bullhorn.

PSI's twice-weekly radio shows also promoted the live events and PEP sessions, but only announced them without giving project messages (so the control site, Francistown, would not be affected). Supporting media, such as posters, brochures, and T-shirts helped generate excitement—but were not as important as live media.

Impact on adolescent health beliefs

In only eight months, evaluation showed that the *Tsa Banana* project had a positive effect on several adolescent health beliefs. After the first six months of the project's existence, 68 percent of female and 71 percent of male adolescents in Lobatse had heard of the *Tsa Banana* project, and their beliefs regarding AIDS and preventive behavior significantly improved. After the intervention, male adolescents were 1.5 times more likely than before to believe that people use condoms to avoid the risk of a sexually transmitted infection. And, they were less likely than before to believe it is hard to convince a partner to use a condom. Female adolescents interviewed were 3.4 times more likely to believe condom use prevents AIDS, and much less likely to believe that "sex is good because it leads to marriage."

The project was unable to overcome some undesirable trends, which occurred in both the intervention and control locations, such as increased shyness about buying condoms in public. It was also unable to overcome young women's belief that their partner will lose respect for them if they initiate condom use. These trends suggest that as awareness increases that condoms protect against the sexual risks involved in having multiple partners, the stigma associated with condom use also increases. A challenge for future social marketing campaigns will be to counteract some of these undesirable trends and beliefs.

Despite its brief life-span, the *Tsa Banana* project had an overall positive impact. Its success is due in large part to the fact that youth contributed to many aspects of the project, from the design of the educational campaigns to the overall management of project activities. PSI Botswana relied on experienced, young field promoters and coordinators to direct project activities. The project showed that the most valuable communication medium for adolescent audiences is a young person who can stand in front of a group of young people and say, "I have found my own solutions to the problems we all face," and then go on to explain his or her version of the solutions.

Horizon Jeunes, Cameroon

From May 1996 to September 1997, the Cameroon Social Marketing Program (PMSC), PSI's local affiliate in Cameroon, implemented the Young Adult Reproductive Health Project in the city of Edéa. Designed as an operations research study, the project's objective was to assess the effectiveness of social marketing techniques for promoting sexual and reproductive health among adolescents ages 12 to 24. The project integrated a youth-targeted intervention within the nationwide social marketing program.

Project design

The project took place in Edéa, a city of 86,000 located about 60 kilometers from Douala, the second largest city in Cameroon. During the design phase of

the project, PMSC trained staff to increase their understanding of adolescent concerns and held discussions with community leaders and government officials to ensure their support for the project. PMSC also hired a local research agency to learn more about the target group and help guide the project design.

Working with a local commercial artist, PMSC developed a campaign brand name, "*Horizon Jeunes*" (Youth Horizon), and logo to tie all project activities and materials together. Later in the project, peer educators developed the slogans, "*Pensez Avant d'Agir*" (Think Before Acting) and "*Choisissons la Vie*" (Let's Choose Life). The brand name and slogans appeared on promotional materials as well as in radio spots and programs.

Peer Educators

PMSC recruited and trained 28 peer educators, including 17 out-of-school youth and 11 students, in communication techniques and reproductive health topics. The peer educators carried fanny-packs (with the project brand name printed on it) full of condoms to sell to youth, and held educational sessions on weekends at popular youth hangouts in Edéa.

Peer educators also created and maintained "*Clubs Horizon Jeunes*" at six junior high schools in the project area. Each club had about 50 members and was led by two to three peer educators. Club members organized activities such as debates, conferences, and theater performances—all tied to reproductive health issues. The clubs greatly enhanced the project's ability to reach in-school youth.

"Edutainment" Events

The project made extensive use of entertainment as a way to communicate with youth.

- During a football (soccer) match, peer educators rode into a stadium on motorcycles and used a portable microphone to give a lively AIDS-prevention presentation and distribute brochures focused on youth.
- Peer educators led a round-table ("town meeting") discussion among 800 community members, including youth and their parents.
- At popular video clubs, the project showed reproductive health-related films for 50 CFA (approximately US$.08), much less than the price of a movie theater ticket. After the films, peer educators led a discussion and answered questions from viewers.
- The project conducted AIDS-awareness sessions at popular dance clubs by preparing tapes of popular music interspersed with short health messages. Disk jockeys (DJs) in the participating clubs agreed to play the tapes and allowed peer educators to conduct question-and-answer contests, giving campaign T-shirts, hats, and condoms as prizes.
- The project made heavy use of the media by working with a popular radio station, FM105 based in Douala. Two well-known DJs hosted the *Horizon Jeunes* bi-weekly radio program, which covered a reproductive health topic and encouraged adolescents to call in with questions and comments.

Access to reproductive health products and services

One of the goals of the project was to increase the use of modern contraceptive methods, including PMSC social marketing brands Prudence Plus condoms and Novelle oral contraceptives. Project staff created new condom outlets in areas frequented by youth and promoted these outlets as "youth-friendly." Sales at 23 outlets increased significantly during the life of the project, from 6,180 condoms per month in December 1996 to more than 17,000 per month in August 1997.

Lessons learned

Adolescents' exposure to project activities was high. After the intervention,

surveys showed that 91 percent of young people in Edéa had heard about *Horizon Jeunes*, compared with only 5 percent in the control city of Bafia. Twenty-eight percent of youth in Edéa were actively involved in *Horizon Jeunes*; 60 percent had talked to a club member; and 47 percent had attended at least one club meeting. Moreover, since the local radio station had a wide reach, a large segment of the adolescent population was exposed to the radio talk show.

In a relatively short period, the project had a positive impact on several areas of adolescents' health beliefs and behavior. Among young women, there was greater self-efficacy (the belief that they can take action to protect themselves) and more contraceptive use. Fewer young women reported having their first sexual experience by age 15, and more reported using abstinence for pregnancy prevention. Among men, there was an increase in contraceptive use (methods other than condoms) and an increase in abstinence.

The project experience confirms that involving the target audience is one of the best ways to assure the effectiveness of an intervention directed at adolescents. PMSC staff found that their efforts to involve youth in the design and implementation of the project were welcomed. By tapping into young people's energy, creativity, and desire to belong, the project helped adolescents find their voices and become young adults.

Mon Avenir d'Abord, Guinea

Between March 1997 and March 1998, PSI's Guinean affiliate, Family Health Options, (Options Santé Familiale—OSFAM), implemented the "My Future First" (*Mon Avenir D'Abord*) adolescent reproductive health project targeting 6,000 adolescents living in Conakry and Kankan.

The youth activities were conducted under the umbrella of a larger OSFAM Social Marketing and Communications program in Guinea. OSFAM involved young people in the design and implementation of the activities by creating a Youth Advisory Committee to oversee the project. The committee included 11 youth—five females and six males, ages 12 to 18, representing both in- and out-of-school youth.

Promotional and educational materials

In collaboration with OSFAM staff, the youth committee selected the slogan, "My Future First." This slogan and the logo of a young couple enclosed in a heart looking at the sun (shown right) appeared on all promotional and educational materials. T-shirts, baseball caps, and fanny packs carrying the same logo served to promote the project activities and objectives.

A local rap music star popular among youth, "Bill de Sam," played a key role in project promotion, appearing on billboards with the project slogan. Bill de Sam also interpreted and recorded an award-winning song about STI prevention, titled "AIDS is Here," selected during a rap music contest organized by OSFAM in Conakry.

The project developed youth-specific educational materials, including posters, a condom sampler pamphlet, and a flip chart. Roughly 2,000 brightly colored posters with messages promoting abstinence, fidelity, and condom use were distributed at popular youth hangouts and at health clinics. The pamphlet, "Passport for the Future," was designed to portray condoms as an easy way to protect the future aspirations of youth—in response to the common fears and misconceptions many youth have about using condoms. Over 10,000 of

POPULAR GUINEAN RAP STAR "BILL DE SAM" HELPS PROMOTE THE YOUTH PROJECT AND THE SOCIAL MARKETING CONDOM BRAND.

these pamphlets were distributed, each including a free condom. The flip chart served as a guide for reproductive health education sessions for youth. It addressed adolescents' predominant concerns such as recent changes in their bodies and sexuality.

Peer education

The project recruited and trained youth peer educators (36 in Conakry and 12 in Kankan). Many of the peer educators were recruited through their involvement with local youth associations. The peer educators attended an eleven-day training course on family planning methods, STI prevention, and communication techniques.

Peer educators organized roughly three discussion groups per week in their clubs, schools, and neighborhoods. They received a small reimbursement (one to three U.S. dollars per session) for transportation and meal expenses. Peer educators used the discussion groups as an opportunity to refer youth to friendly clinical services and promote project events (see description below). Pamphlets, the flip chart, and other materials helped guide the discussions.

SMASH PROJECT THEMES AND LOGOS ARE DESIGNED TO CAPTURE A SENSE OF OPTIMISM FOR THE FUTURE.

"Edutainment" Events

Peer educators used entertainment events such as football tournaments, school fairs, and dance competitions as opportunities to reach larger numbers of youth in a fun, upbeat atmosphere. Peer educators also developed and performed short skits during special events such as World AIDS Day 1997. The skits dealt with youth-specific barriers to preventive behavior, such as difficulty negotiating condom use and fears about condom breakage. In one skit, the peer educators filled a condom with water to demonstrate the reliability of condoms. Another skit, titled "If Only I Knew," showed what happens when the most popular male and female student experience an unplanned pregnancy.

Increasing Access to Health Products and Services

The project identified four health clinics interested in serving youth and worked with these clinics to ensure quality services were available. Peer educators and clinic staff organized open-house visits (times where youth could visit without an appointment and learn more about the staff and services) and dedicated consultation hours for youth.

To make condoms and other contraceptives more accessible, OSFAM added a youth component to the existing distribution of social marketing brands in health centers and private pharmacies as well as in bars, hotels, and markets. OSFAM sales staff closely monitored the selected outlets to ensure that condoms and other products were well stocked and displayed. Project staff promoted the outlets to youth using the project slogan stickers, posters, and publicity during events led by peer educators.

Lessons and Next Steps

OSFAM's project experience under SMASH demonstrates the importance of listening to adolescents and respecting their distinct concerns and culture. The Guinea project was able to reach youth with appropriate media and messages by using peers, media idols, and other respected individuals. As one peer educator said, "I would never have used a condom before and now, well now, not only do I use them, my friends do." OSFAM is currently applying lessons learned under the *Mon Avenir D'Abord* project to a radio program for youth.

SMASH, South Africa

In 1995, PSI's affiliate organization in South Africa, Society for Family Health (SFH), launched an adolescent reproductive health project in Soweto, a township of two million inhabitants. The main program components included a mass media campaign, peer education, targeted condom distribution, and promotion of "youth-friendly" health services. The objective of these activities was to improve the reproductive health of adolescents by increasing their access to reproductive health products and services.

Youth played a uniquely important role in the design and implementation of the South Africa SMASH project. Young people who made up part of the target audience were directly involved in the development of communication materials, including radio advertisements, posters, T-shirts, buttons, and slogans.

Mass media campaign

Radio, television, video, and print material were all used to increase young people's awareness of reproductive health issues and bring about changes in behavior. Community radio stations broadcast educational and promotional spots and regular call-in talk shows targeting youth. The call-in program provided an opportunity to discuss challenges facing youth and present solutions. Each caller received educational materials, including the SFH publication "Lovers Straight Talk" by mail after participating in the program. The 44-page booklet presents and answers typical adolescent questions about physical development, love, sex, pregnancy, STIs, contraception and AIDS prevention.

SFH also produced a six-part documentary, the "Rubber Revolution," about condoms and safe sex, including one segment devoted to adolescents. The documentary aired throughout the country on television and in mobile video units and helped SFH earn a Novelli International Award for Innovation in Social Marketing.

Peer education

The project trained 20 youth in participatory media development, peer education techniques, and condom distribution. The peer educators worked closely with schools where administrators showed support for the project objectives. The project held a number of activities in schools, including peer-education training, presentations, and counseling sessions, and various special "edutainment" events related to increasing awareness about reproductive health. These sessions aimed to present information to peers in an entertaining and upbeat forum, involving the audience as much as possible. For example, peer educators organized AIDS-related debates at schools. Students debated pro and con positions for statements such as "condoms are the best way to avoid AIDS and other STDs." Peer educators also organized special events outside of schools. The peer educators often relied on volunteers from a crowd to demonstrate correct condom use and answer common reproductive health questions.

The peer educators received a small meal and transportation allowance for each event. In addition, they received various project promotional items including T-shirts and hats.

Increasing access to health products and services

Several of the peer educators sold Lovers Plus condoms, and some helped identify new commercial outlets where youth would be comfortable buying condoms. SFH identified clinics with staff who were enthusiastic about serving youth and worked with them to improve the quality of services provided. Clinic staff from Marie Stopes International (MSI) and the Planned Parenthood Association of South Africa (PPASA) participated in SFH workshops to learn about the

"LOVERS STRAIGHT TALK"—DISSEMINATED WIDELY AMONG SOUTH AFRICAN YOUTH—DISCUSSES REPRODUCTIVE HEALTH IN AN OPEN AND HONEST MANNER.

unique needs and perspectives of youth. Following the workshops, the project helped promote the MSI and PPASA clinics using special contests and peer educator referrals.

Results of project interventions

The project evaluation found the intervention most effective in raising young women's awareness of the benefits of using condoms and other contraceptives, and in reducing barriers to their use (such as shyness about proposing condom use to a partner). The intervention did not bring about measurable changes in behavior—possibly because of its short duration and its limited scope relative to the target population. The project's 20 peer educators could only reach a small fraction of the adolescents in the large township of Soweto.

Also, because of the heavy involvement of youth, SFH's youth project was designed with an emphasis on the issue adolescents were most concerned about: unplanned pregnancies. Project messages (disseminated using mass and interpersonal communication) were oriented towards preventing pregnancy despite the fact that the project was nested within SFH's larger AIDS prevention, condom social marketing program.

Lessons and next steps

Today, SFH targets youth in Khaylitsha, Umlazi, and Soweto townships with a new youth communications campaign called "*abatsha pezulu*" meaning "youth on top." *Abatsha pezulu* includes several of the core program components started under the SMASH project, including peer education and mass media. The SMASH project helped establish the following standards for SFH's current and future efforts to reach youth:

- Always involve youth in planning targeted program activities;
- Incorporate adequate research into the program design to evaluate program impact;
- Use research results to refine and improve project strategies and messages; and
- Motivate peer educators with appropriate compensation and provide constant managerial guidance to keep peer educators busy and enthusiastic about the project objectives.

Acknowledgments

This report benefited from the contributions of many individuals. Lori Ashford of the Population Reference Bureau (PRB) prepared this report based on a longer document by Karen Bulsara and Josselyn Neukom of Population Services International (PSI). Other PSI staff who contributed to portions of the report include Sohail Agha, Jeff Barnes, Sean Cantella, Clayton Davis, Dipoko Degranda, John Harris, Dominique Meekers, Michelle Parent, Guy Stallworthy, and Dana Ward.

The authors are grateful to the U.S. Agency for International Development, the British Department for International Development, and the Governments of Botswana, Cameroon, Guinea, and South Africa for their support for this project.

Local research agencies and individuals collected data and helped analyze research findings: Institut de Recherche et des Etudes de Comportements (IRESCO) in Cameroon, Social Impact Assessment and Policy Analysis Corporation (SIAPAC) in Botswana, the Stat-View Association in Guinea, and Dr. Linda Richter of the Medical Research Council in South Africa.

Several reviewers offered useful comments and helped improve this report: Caroline Blair, Kate Bond, Shanti Conly, Doug Heisler, Khadijat Mojidi, Mark Sherman, and Nancy Yinger. Special thanks are due to Phyllis Gestrin for her vision, guidance, and support throughout the SMASH Project and the preparation of this report.

About PSI

PSI is an international nonprofit organization dedicated to improving the health of low-income populations around the world. PSI operates AIDS prevention, family planning, and maternal and child health social marketing programs in more than 50 developing countries. PSI uses commercial marketing techniques to provide affordable health products and services through private sector outlets, along with a variety of communication techniques to encourage healthy behavior among target populations. AIDSMark is a five-year, worldwide program, started in 1997, that uses social marketing to combat the spread of HIV/AIDS and other STIs.

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Design and production: Theresa Kilcourse, PRB
Managing editor: Lisa M. Hisel, PRB
Printing: Sauls Lithograph
French translation: Pascale Ledeur
Photo credits: PSI field office staff


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